ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
(
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/PETITIONER:	
LAMINITY ETHIONER.	
DEFENDANT/RESPONDENT:	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL	CASE NUMBER:
NOTICE / NOTICE / COLUMN TO THE COLUMN TO TH	
TO (insert name of party being served):	
10 (insert hame of party being served).	
NOTICE	
The summons and other documents identified below are being served pursuant to section 415.30 of the California Code of Civil	
Procedure. Your failure to complete this form and return it within 20 days from the date of mailing shown below may subject you	
(or the party on whose behalf you are being served) to liability for the payment of any expe	
on you in any other manner permitted by law.	3
If you are being served on behalf of a corporation, an unincorporated association (includin	a a partnership) or other entity this
form must be signed by you in the name of such entity or by a person authorized to receiv	e service of process on behalf of such
entity. In all other cases, this form must be signed by you personally or by a person author	
summons. If you return this form to the sender, service of a summons is deemed complete	e on the day you sign the
acknowledgment of receipt below.	
Date of mailing:	
,	
_	
(TYPE OR PRINT NAME) (SIGNATURE OF	SENDER—MUST NOT BE A PARTY IN THIS CASE)
ACKNOWLEDGMENT OF RECEIPT	
This acknowledges receipt of (to be completed by sender before mailing):	
A copy of the summons and of the complaint.	
2. Other (specify):	
(
(To be completed by recipient):	
Date this form is signed:	
Date this form is signed.	
L	
(TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY, (SIGNATURE OF PE	DSON ACKNOW! EDGING DECEIRT WITH TITLE IF
	RSON ACKNOWLEDGING RECEIPT, WITH TITLE IF MADE ON BEHALF OF ANOTHER PERSON OR ENTITY)